Name in Full: James P. Addison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Windsor Heights | County: Baltimore

Date of death: 1904 | Month: October | Day: 18 | Years: Age 30 | Months: — | Days: —

Sex: Male | Color or Race: Black | Birthplace: Md

Occupation: Laborer | Where Residing if not at place of death: —

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: James Addison | Father's Birthplace: Md

Mother's Maiden Name: Annie Joyce | Mother's Birthplace: Md

Name of person giving information: James Addison | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long: 2 years

Immediate: Pulmonary Hemorrhage | How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Smith

Address: Woodlawn Md

Accident or Suicide? —

LIBRARY BUREAU A88516

St Agnes Cemetery
Jas. R. Cook

Name in Full: Infant not named Almoney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkton; County: Balt.

Date of death: Month: 10; Day: 14; 1904; Years: —; Months: —; Days: 1

Sex: Male; Color or Race: White; Birthplace: Parkton

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Roy. Almoney; Father's Birthplace: Md

Mother's Maiden Name: Hattie. Feight; Mother's Birthplace: Md

Name of person giving In formation: Roy, Almoney; How related to deceased: Father

CAUSES OF DEATH

Primary: Heart Failure 179; How long: one day

Immediate: " "; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. R. Norris

Address: Parkton Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Peter Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Dundalk (County) Baltimore

Date of death 190 Month: Oct Day: 16

Age: Years — Months — Days —

Sex: Male

Color or Race: White

Birthplace —

Married, Single or Widowed —

Occupation: Laborer

Name of Wife or Husband —

Father's Name —

Father's Birthplace —

Mother's Maiden Name —

Mother's Birthplace —

Name of person giving information: Officer Spann

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Accidental Killed by Electric Car 10/16

How long —

Immediate —

How long —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Coroner Dr. Wm G. Mueller

Address: 216 O'Donnell St

Accident or ~~Suicide~~?

LIBRARY BUREAU A38516

Crowley Bros.

St Peters Crowley

Name in Full: Francis Arndt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Franklintown; County: Balto

Date of death: Month: Oct; Day: 2nd; Year: 1904; Age: Years: X; Months: 8 6; Days: —

Sex: Female; Color or Race: White; Birthplace: Franklintown

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Herman Arndt; Father's Birthplace: Germany

Mother's Maiden Name: Mary Arndt; Mother's Birthplace: Maryland

Name of person giving information: Herman Arndt; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus; How long: 4 weeks

Immediate: Ileo Colitis; How long: 5 days

105

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Lynch

Address: Woodlawn Md.

Accident or Suicide? —

LIBRARY BUREAU A33316

Name in Full: Sarah J. Osn.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodbrook — County: Balto

Date of death 1904: Month: Oct — Day: 2 — Years Age: 67 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Balto Co

Occupation: Home Keeper — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Dont Know — Father's Birthplace:

Mother's Maiden Name: Dont Know — Mother's Birthplace:

Name of person giving Information: Carrie L Hooper — How related to deceased: not related

27

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: about 1½ or 2 yrs

Immediate: " Hemorrhage — How long: 20 minutes.

Are the name, age, sex, color, date and place correctly given above? Yes, C

Signature of Physician: F. H. Hooper M.D.

Address: Towson, Balto Md

Tuberculosis

Accident or Suicide?

LIBRARY BUREAU A66516

Burial at Pat Olive Cem
Liberty P'd
Jos Brook F. D

Name in Full: Arthur Edmund Baker

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Charles St ave (County) Baltimore

Date of death: Month Oct, Day 27, 1904

Age: Years 31, Months 5, Days

Sex: Male

Color or Race: White

Birthplace: Balto Co. Md.

Occupation: Business Manager

Where Residing if not at place of death: Charles St. ave

Married, Single or Widowed: single

Name of Wife or Husband:

Father's Name: W. & G. Baker

Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth J. Cockey

Mother's Birthplace: "

Name of person giving Information: J. Paul Baker

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis

How long: 12 Mos

Immediate: 12 Mos 27

How long: 12 Mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. H Revering

Address: 1113 Madison

Accident or Suicide:

LIBRARY BUREAU A88816

Undertakers Stewart & Mowen

213 Park ave

Baltimore Md

Place of Burial Greenmount Cemetery

Name in Full: Effie Baker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Roland Park — County: Baltimore

Date of death 1904	Month	Day	Years	Months	Days
	Oct	15	Age 33	10	—

Sex: Female — Color or Race: White — Birthplace: Carroll Co. Md.

Married, Single or Widowed: Married — Occupation: —

Name of Wife or Husband: O. Parker Baker

Father's Name: Louis Williams — Father's Birthplace: Balto Co. Md.

Mother's Maiden Name: Elizabeth L. — Mother's Birthplace: " " "

Name of person giving Information: Elizabeth L. Williams — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 15 months

Immediate: Asthenia — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M Gibson Porter

Address: Roland Park, Md.

Accident or Suicide? No

LIBRARY BUREAU A88519

Mt Pleasant Church
Carroll Co Md
A S Marshall
3539 Fall Road

Name in Full: Sophia Ball

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville; County: Balto

Date of death: 1904 Month: Oct Day: 16th

Age: Years: 57 Months: — Days: —

Sex: Female Color or Race: Black Birthplace: Howard Co

Occupation: Washing Where Residing if not at place of death: Pikesville

Married, Single or Widowed: Widow Name of Wife or Husband: —

Father's Name: Wm Jones Father's Birthplace: Howard Co

Mother's Maiden Name: Mary Kunnick Mother's Birthplace: Howard Co

Name of person giving In formation: A. C. Smith How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

43

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Breast How long: 1 year

Immediate: Transverse Myelitis How long: 8 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. C. Smith

Address: Woodlawn Sta.

Accident or Suicide? —

LIBRARY BUREAU A83016

Mt Calvary. Conn
Ballo Co -
Jos B Cook

Name In Full: Alton Barker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore; County: —

Date of death: Month: Oct; Day: 21; 1904

Age: Years: 40; Months: 10; Days: 20

Sex: Male

Color or Race: White

Birthplace: Annapolis Md.

Occupation: Lawyer

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or ~~Husband~~: Cordelia Whitney

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Barker

Father's Birthplace: Boston, Mass.

Mother's Maiden Name: Fannie Duvall

Mother's Birthplace: Balto, Md.

Name of person giving In formation: Edwin Barker

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 3 weeks

Immediate: Perforation of Bowel — How long: 12 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Kerr

Address: 24 E. Madison St

Accident or Suicide? —

LIBRARY BUREAU A6661G

Name in Full John Beally

Certificate of Death

Town Texas County

Died at Texas MARYLAND

Date 1944 Month 10 Day 18 | Age Y. 1 M. D. | Native of Texas, Md. | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

Husband of

Wife

Father's Name

Mother's Maiden Name

105

Cause of Death: Primary

Immediete Enteritis

How long sick about 2 mos.

Accident, Suicide, Homicide

Reported by Dr. T. C. Bussey

Address Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70838

Name in Full: Mr Blank

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 622 W. Lombard St Baltimore | County:

Date of death: 1904 | Month: Oct | Day: 10 | Age: Years 43 | Months 4 | Days 3

Sex: Male | Color or Race: White | Birthplace: Baltimore Md

Occupation: Laborer | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Mr Geo Blank | Father's Birthplace: Frederic. Md.

Mother's Maiden Name: Miss Ella George | Mother's Birthplace: Baltimore Md

Name of person giving information: Mr Frank Blank | How related to deceased: Brother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long: 18 months

Immediate: Pulmonary Hemorrage | How long: 30 min

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. V. Copeland.

Address: University of Maryland

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Joseph N. Brightwell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkville; County: Baltimore

Date of death 1904: Month: 10; Day: 23; Years: Age 57; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: Single; Occupation: Laborer

Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Information: Capt. Wm. H. Pope; How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

166

CAUSES OF DEATH

Primary: —; How long: —

Immediate: Accident by falling over Stable Cliff; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide? Accident

Signature of Physician: William J. Loughran

Address: acting coroner Parkville Md

LIBRARY BUREAU A8881a

Bury at
Loudon Park

T. H. Kraft

Name in Full: George Brown 4th

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brooklandville Md. — County: Balto

Date of death: Month: Oct — Day: 8th — 1904

Age: Years: 1 — Months: 4 — Days: 17

Sex: boy — Color or Race: White — Birthplace: Brooklandville

Occupation: ~ — Where Residing if not at place of death: Brooklandville

Married, Single or Widowed: V — Name of Wife or Husband: V

Father's Name: George Brown, Jr — Father's Birthplace: Balto

Mother's Maiden Name: Elizabeth L. Martin — Mother's Birthplace: Summit N.J.

Name of person giving Information: George Brown Jr — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculer Meneng[illegible] — How long: 4 weeks

Immediate: " " — How long: "

28

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D Booker

Address: 208 W. Monument St.

Accident or Suicide?

LIBRARY BUREAU A88816

Massenberger
Drug Store
opposite Towson Bank

Garrison Forest
St Thomas Cem

H. W. Jenkins Sons Co

Name in Full: John James Brown

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Towson — County: Baltimore

Date of death: 1904 — Month: Oct. — Day: 10 — Years: Age 62 — Months: 4 — Days: 9

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Brick Layer — Where Residing if not at place of death: Perryville Maryland

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah E. Gray

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Herman Tyson Brown — Father's Birthplace: Charleston S.C.

Mother's Maiden Name: Mary Jane Hammond — Mother's Birthplace: Swansea Ga.

Name of person giving Information: Melvin S. Brown — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's disease — How long: 3 years

Immediate: Exhaustion by disease — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ira Burns

Address: 639 W. Lombard St. Baltimore, Maryland.

Accident or Suicide? Natural death

LIBRARY BUREAU A88816

Name in Full: Margt Byer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Owings Mills — Town — County: Baltimore

Date of death 1904: Month: Oct. — Day: 5 — Age: Years: 78 — Months: 4 — Days: 5

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: widow — Occupation: Retired

Name of Wife or Husband: Godlieb Byer

Father's Name: Klob — Father's Birthplace: Germany

Mother's Maiden Name: Do not know — Mother's Birthplace: Germany

Name of person giving information: Robert Hunor — How related to deceased: Grandson

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of old age — How long: about 2 months

Immediate: Heart failure — How long: Afew minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W H H Campbell

Address: Owings Mills Md

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: Harry C. Cadwallader

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sheppard & E. P. Hospital; County: Balto.

Date of death 1904: Month: Oct.; Day: 5½; Age: Years: 40; Months: 8; Days:

Sex: Male; Color or Race: W.; Birthplace: Baltimore Md.

Married, Single or Widowed: Single; Occupation: St. Car Conductor

Name of Wife or Husband:

Father's Name: Lewis W. Cadwallader; Father's Birthplace: Balto. Md.

Mother's Maiden Name: Mary E. Chalmers; Mother's Birthplace: Balto. Md.

Name of person giving information: Lewis W. Cadwallader; How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Brain Disease; How long: 9 months

Immediate: Apoplectic Convulsions; How long: 20 hours.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Chas. M. Franklin

Address: Sheppard & Enoch Patt Hospl. Towson Maryland.

Accident or Suicide? No.

LIBRARY BUREAU A86516

Jos B. Cook

Greenwood

Name in Full: Ralph Clement

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto.

Date of death 1904 — Month: Oct — Day: 4 — Age — Years: — Months: — Days: 4

Sex: Male — Color or Race: White — Birthplace: Catonsville Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Clement — Father's Birthplace: Staunton Va

Mother's Maiden Name: Katie Sueder — Mother's Birthplace: Balto. Md.

Name of person giving information: Aunt 92 — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia — How long:

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. M. Stultz M.D.

Address: Catonsville Md.

Accident or Suicide:

LIBRARY BUREAU A88816

Mr. Little.
London Park.

Name in Full: Mrs J. McConnor

0-4-2

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: Month: Oct; Day: 9th; 1904; Age: Years: 27; Months: ; Days:

Sex: Female; Color or Race: White; Birthplace:

Occupation: Wife of Trav. Salesman; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband:

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving information: Rects of Mt Hope; How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

68

CAUSES OF DEATH

Primary: Acute mania; How long:

Immediate: Exhaustion due to Septicamia; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat P O Baltimore Co Md

Accident or Suicide?

LIBRARY BUREAU 668818

Name in Full

Certificate of Death

Thos. N. Cornelius

Died at Town Goranstown County Baltimore MARYLAND

Date 1904 Month Oct Day 31 | Age Y. 54 M. ~ D. ~ | Native of Maryland | Occupation Blacksmith

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 5

Husband of ~~Wife~~ Mary J. Cornelius

Father's Name James Cornelius

Mother's Name Annie Cornelius

Cause of Death: Primary Pneumonia

Immediate Heart failure

How long sick 3 days

~~Accident, Suicide, Homicide~~

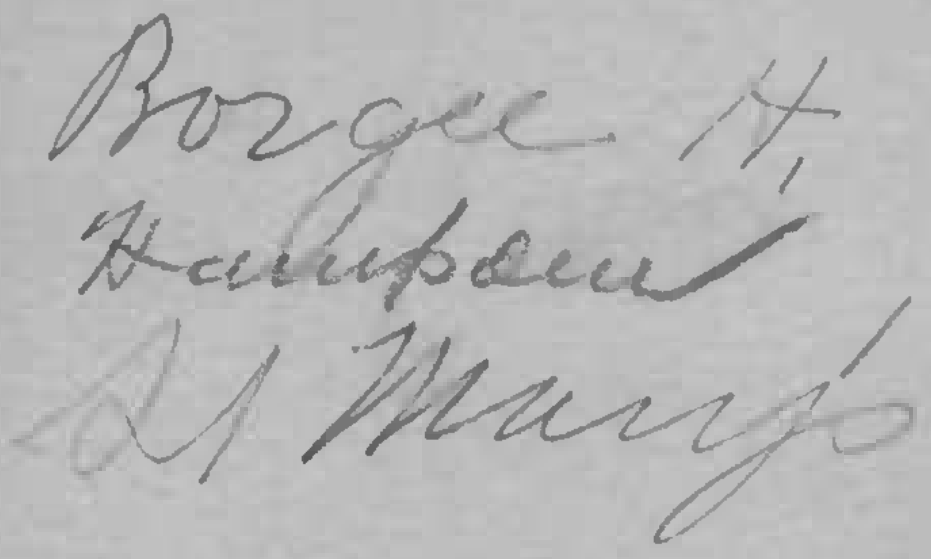
93

Reported by Dr. E. M. Duncan

Address Goranstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898



Name in Full: Mary E. D Coy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat | County: Baltimore

Date of death: Month: Oct | Day: 15-11½ | 1904 | Age: Years: 46 | Months | Days

Sex: Female | Color or Race: White | Birthplace: Richmond

Occupation: Wife of Engineer | Where Residing if not at place of death: Richmond Va

Married, Single or Widowed: Married | Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving In formation: Rec'd of Mt Hope Retreat | How related to deceased: Not at all -

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Mania - | How long: 2 ½ mos.

Immediate: Status Epilepticus | How long: abt 1 wk -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J Flannery

Address: Mt Hope Retreat Baltimore Co Md

Accident or Suicide?

LIBRARY BUREAU A83016

Name in Full: Charles Culbertson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 331 Clinton St | County: Baltimore

Date of death 1907: Month: Oct | Day: 11 | Age: Years: 3 hours | Months: — | Days: —

Sex: Male | Color or Race: White | Birthplace: 331 Clinton St

Married, Single or Widowed: — | Occupation: —

Name of Wife or Husband: ~~Olivia~~ —

Father's Name: Warner Culbertson | Father's Birthplace: Balto Co

Mother's Maiden Name: Olivia Burton | Mother's Birthplace: Balto Co

Name of person giving information: Warner Culbertson | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital Debility | How long: 15 hours

Immediate: Exhaustion | How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard E. Wooden M.D.

Address: 736 E. Preston St

Accident or Suicide? —

LIBRARY BUREAU A86516

Name in Full: Austin B Cartright

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fort Howard — County:

Date of death 1904: Month: Oct — Day: 1 — Age: Years 23 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Speed W Va

Occupation: Soldier U S Army — Where Residing if not at place of death: Fort Howard Md

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Compton Wilson M D Asst Surgeon U S A — How related to deceased: Professional

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid fever — How long: 26 days

Immediate: Exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Compton Wilson

Address: Fort Howard Md

Accident or Suicide? Illness due to natural Causes

PHYSICIAN OR CORONER

LIBRARY BUREAU Aug 516

Name in Full: George Daryhhoof — DAYHOFF X

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Lowry's Lane X (County) Balto

Date of death: Month Oct — Day 22 — Year 1904 — Age: Years — Months 9 — Days 1

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: None — Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Victor Daylhoof DAYHOFF — Father's Birthplace: Frederick Co

Mother's Maiden Name: Agatha Britner — Mother's Birthplace: Frederick Co

Name of person giving Information: Agatha Daylhoof DAYHOFF — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — 28 — How long since birth —

Immediate: Meningitis. — How long 7 days —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. P. Strauss M. D.

Address: 1606 E. Pt St —

Accident or Suicide?

LIBRARY BUREAU A89516

NAME SPELLING CHANGED BY CERTIFICATE ON FILE Oct 1904 Balto co for death of FATHER, VICTOR DAYHOFF.-L

Name in Full — Certificate of Death

Margaret Daugherty

Died at — Town: Glenwood — County: Baltimore — MARYLAND

Date 1904 Oct 23rd — Month / Day — Age: Y. M. D. — Native of — Occupation

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living

Husband of / Wife

Father's Name: Clarence Daugherty — Mother's Name: Margaret Finkel

Cause of Death — Primary: 150 — Immediate: Asphyxia Neonatorum — How long sick — ~~Accident, Suicide, Homicide~~

Reported by: Wm. O. Smith M. D.

Address: Rider, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

John Burns Son

Mt. Moriah Cem.

Forum

Name in Full

Certificate of Death

Victor L Dayhoff

Town | County

Died at Loneys Lane | Balto Co | MARYLAND

Date 1904 Month Oct Day 8 | Age Y. 30 M. D. | Native of Frederick Co | Occupation Fireman

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband / Wife of Agatha Dayhoff

Father's Name John T Dayhoff | Mother's Name Catherine Dayhoff

Cause of Death: Primary — Pulmonary Tuberculosis — How long sick 3 Years

Immediate — Complicated with Asthma — Accident, Suicide, Homicide

Reported by F E Fooks MD

Address 1817 E Baltimore St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. F E Fooks Died

of 1617 E Baltimore St Balto

Seen by Coroner .....

of .....

Information contained in this certificate received

from Agatha Kayhoff Wife

of .....

Name in Full: Annie Elizabeth De Vaughn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highland; County: Baltimore

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190 4: Month: Oct; Day: 12

Age: Years: 6; Months: 2; Days: 29

Sex: Female; Color or Race: White; Birthplace: Baltimore

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband:

Father's Name: John A. De Vaughn; Father's Birthplace: Baltimore

Mother's Maiden Name: Sarah E. Gray; Mother's Birthplace: Baltimore

Name of person giving information: John A. De Vaughn; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro. Enteritis; How long: 2 Mos

Immediate: Exhaustion; How long: 5 days

105

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. N. Athey

Address:

Accident or Suicide?

LIBRARY BUREAU A66816

Tat Canal.

H. S. Sanders & Sons

Name in Full: Minnie Dickerson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Colgate Creek; County: Balto

Date of death: Month: Oct; Day: 31; Years: 1904; Age: Months: ; Days: 7

Sex: female; Color or Race: White; Birthplace: Balto Co.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Fred Dickerson; Father's Birthplace: Germany

Mother's Maiden Name: Minnie Scheffler; Mother's Birthplace: Germany

Name of person giving Information: Father; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions 71; How long: 3 hours

Immediate:

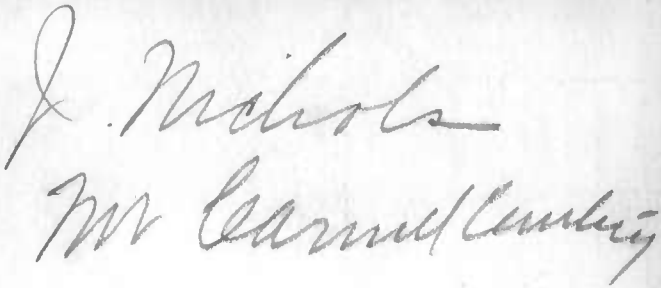
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. V. Athey

Address:

Accident or Suicide?

LIBRARY BUREAU A88816



Name in Full: Peter Dixon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Govans Town | County: Balto. Co. Md.

Date of death: Month: Oct. | Day: 19 | 1904

Age: Years: 42 | Months | Days

Sex: Male | Color or Race: Colored | Birthplace: Va.

Occupation: Laborer | Where Residing if not at place of death: Govans Town

Married, Single or Widowed | Name of Wife or Husband

Father's Name: Unknown | Father's Birthplace: Unknown

Mother's Maiden Name: Unknown | Mother's Birthplace: Unknown

Name of person giving Information: Miss Alice Green | How related to deceased: Next adult

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease 27 | How long: Dr. Mo.

Immediate: Exhaustion | How long: One Mo.

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: W. H. Horter

Address: [redacted] 712 S. Chapel St.

Accident or Suicide?

LIBRARY BUREAU A86616

John H. Loadman

Mt Zion

Yoanatown

Name in Full: Dennis J Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at North Bend (Town) Baltimore (County) Balto

Date of death 1904 Month Oct Day 15 Age Years 59 Months 1 Days 26

Sex Male Color or Race Col'd Birthplace Howard Co Md

Occupation Gardener Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Annie Dorsey

Father's Name Thomas Dorsey. Father's Birthplace Howard Co Md

Mother's Maiden Name Nancy. Mother's Birthplace " "

Name of person giving Information Geo Dorsey. 92 How related to deceased Stepson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Broncho Pneumonia How long 75 days

Immediate How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Chas S Parker MD

Address 3111 N. North Ave. Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A66810

Name in Full: Rachael Dorsey

CERTIFICATE OF DEATH

Died at: Ward / Town: Balto / County: Columbia — MARYLAND

Date of death	Month	Day	Years	Months	Days
1904	10	2	Age about 65		

Sex: Female | Color or Race: Negro | Birthplace:

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: | Name or Wife or Husband:

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: | How long:

Immediate: Paralysis | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos C. Bussey

Address: Texas / Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A86618

Name in Full: Eugene Dukehart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: Month: Oct; Day: 29; 1904; Age: Years: 39; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Balto Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Rich Mt Hope

How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mania Epileptic -

How long: 2 yrs

Immediate: Status Epilepticus -

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Co Md.

Accident or Suicide?

LIBRARY BUREAU 68813

Name in Full: Eugene H. Dukehart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope retreat; County: Baltimore Co

Date of death: 1904 Month: Oct Day: 29th

Age: Years: 40 Months: 3 Days:

Sex: Male

Color or Race: White. american

Birthplace: Frederick Md

Occupation: traveling salesman

Where Residing if not at place of death: 1046 W. Fayette st

Married, Single or Widowed: single

Name of Wife or Husband: ——

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John P. Dukehart

Father's Birthplace: Balto Md

Mother's Maiden Name: Julia Ada. Bantz

Mother's Birthplace: York Pa

Name of person giving information: Minnie Dukehart

How related to deceased: sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Epileptica 69

How long: 3 1/2 yrs

Immediate: Status Epilepticus

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank J. Flannery

Address: Mount Hope Retreat Mt Hope Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A66816

Name in Full: Annie E. Dulin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highland Town — County: Baltimore

Date of death 190 4 — Month: 10 — Day: 5 — Age — Years: 36 — Months: 5 — Days: 13

Sex: Female — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Edward Dulin

Father's Name: George A. Kramer — Father's Birthplace: Baltimore

Mother's Maiden Name: Elizabeth E. Thurn — Mother's Birthplace: Baltimore

Name of person giving In formation: George A. Kramer 27 — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 6 mos.

Immediate: Exhaustion — How long: 2 weeks.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. B. Schofield

Address: 1400 Highland Ave.

Accident or Suicide? —

LIBRARY BUREAU A88516

Mount Carmel

H. Sander Sons

Name in Full: Katherine Clough

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dar County: Balto

Date of death: Month: Oct Day: 19 1904

Age: Years: 74 Months: 9 Days: 18

Sex: Female Color or Race: White Birthplace: Penna.

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Widow Name of Wife or Husband: Elastus R. Clough.

Father's Name: Henry Thos Clough Father's Birthplace: Penna

Mother's Maiden Name: Mary Erb. Mother's Birthplace: Carroll Co Md

Name of person giving Information: M. T. Clough How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis 27 How long: One year

Immediate: Heart Failure How long: " Month.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas S Stone

Address: New Freedom Pa

Accident or Suicide?

LIBRARY BUREAU A86318

Name in Full: David Howard Edie

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Lisa; County: Balt

Date of death 1904: Month: 10; Day: 2

Age: Years: 20; Months: 6; Days: 26

Sex: Male; Color or Race: White; Birthplace: Pa

Married, Single or Widowed: Single; Occupation: Laborer

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Aquilla Edie; Father's Birthplace: Pa

Mother's Maiden Name: Mary Cupp; Mother's Birthplace: Pa

Name of person giving information: Mrs Garfield Schaffer; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 8 days

Immediate: " ; How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R B Harris

Address: Parkton Md

Accident or Suicide: 8

LIBRARY BUREAU A6901B

Name in Full: Emmel, John Henry.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glenburnie; County: Balto

Date of death: Month: Oct; Day: 21; Year: 1904

Age: Years: 27; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: None

Where Residing if not at place of death: X

Married, Single or Widowed: Single

Name of Wife or Husband: X

Father's Name: Henry Emmel

Father's Birthplace: Md

Mother's Maiden Name: X

Mother's Birthplace: X

Name of person giving information: X

How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Imbecility

How long: Life.

Immediate: Acute Nephritis

How long: 4 days.

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Grey Baker

Address: Glenburnie.

Accident or Suicide? No.

LIBRARY BUREAU A68816

Name in Full: Child of Charles and May Emmet

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westport — County: Baltimore

Date of death: Month: Oct — Day: 28 — Year: 1904

Age — Years: Still Born — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Westport Balto Co

Occupation: — — Where Residing if not at place of death: Westport Balto Co

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Emmet — Father's Birthplace: Baltimore

Mother's Maiden Name: May Wade — Mother's Birthplace: Balto County

Name of person giving In formation: Charles Emmet — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: S. — How long:

Immediate: Still Born — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: Mt Winans

Accident or Suicide?

LIBRARY BUREAU A6B516

Wade Family
Group.

Jno. Johnson.

Name in Full: Frederick C. Falls

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Baltimore

Date of death: Month: Oct. Day: 15 1904

Age: Years: — Months: 2 Days: 17

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Falls

Father's Birthplace: Md.

Mother's Maiden Name: Annie Poetzl

Mother's Birthplace: Md.

Name of person giving information: Annie Falls

How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis

How long: 3 weeks

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. N. Kelley

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A88518

Sacred Heart Cemetery

Oct. 16th 1904

Germanus Franco

Undertaker

Name in Full: John Fibich

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: —

Date of death 1904 — Month: Oct — Day: 31 — Age: Years 2 Mos — Months 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Wagners point

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband:

Father's Name: Henry Fibich — Father's Birthplace: Prussia

Mother's Maiden Name: Rosa — Mother's Birthplace: "

Name of person giving information: A. G. Freedam M. D. — How related to deceased: ~~mother~~

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Morbus — How long: One month

Immediate: Inanition — How long: two Months

13

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. G. Freedam M.D.

Address: 411 Sharp st.

Accident or Sulcide?

LIBRARY BUREAU A38516

Name in Full: Lewis E. Fowler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Baltimore

Date of death: Month: Oct; Day: 13th; 1904

Age: Years: —; Months: 1; Days: 10

Sex: Male

Color or Race: White

Birthplace: Balto. Co Md.

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George Fowler

Father's Birthplace: Md.

Mother's Maiden Name: Augusta Goodwin

Mother's Birthplace: Md.

Name of person giving Information: George Fowler

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition

How long: Life

Immediate: Exhaustion

How long: 1 day

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. W. Jones M. D.

Address: 311 E O'Donnell St

Accident or Suicide?

LIBRARY BUREAU A88516

Mount Carmel Cemetery

Oct. 14½ 1904

Germanus France

Undertaker

Name In Full: Alexander Francis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Long Green — County: Baltimore

Date of death: Month: Oct. — Day: 14 — 1904

Age: Years: 80 — Months: 7 — Days: 10

Sex: Male — Color or Race: White — Birthplace:

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife: ~~Deceased~~

Father's Name: Unknown — Father's Birthplace:

Mother's Maiden Name: " " — Mother's Birthplace:

Name of person giving Information: M. Francis — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchial disease — How long: one week

Immediate: Heart failure — How long: Not Known

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. A. Green

Address: Gittings Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Mary J Fuller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highland; County: Baltimore

Date of death: 1904 Month: 10 Day: 26

Age: Years: 38 Months: 7 Days: 18

Sex: Female

Color or Race: White

Birthplace: England

Occupation: Home wife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Howard P. Fuller

Father's Name: Sylvester Siford

Father's Birthplace: England

Mother's Maiden Name: Martha Wiles

Mother's Birthplace: England

Name of person giving In formation: Howard P. Fuller

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever.

How long: 4 weeks

Immediate: Hemmrhage and Exhaustion.

How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Truax

Address: 3 and Gough Highland town.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88018

Mount Carmel
H. Sanderson Sons

Name in Full — Certificate of Death

Mrs Bridget A Garrett

Died at (Town) arlington ave (County) Baltimore maryland MARYLAND

Date 189- 1904. Month oct Day 23 | Age Y. 47. M. 6 D. | Native of U S | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of ~~children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary: Malandalism and Nephritis — How long sick: 3 months

Immediate: Cardiac failure — Accident, Suicide, Homicide

Reported by H Young Jr Westchester M D

Address 237 Gorsuch avenue

Must be signed by physician, if any in attendance, other[illegible] by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Harry W. Jenkins + Sons Co.
Undertakers
place of Burial. Oakland. Md.

Name in Full: Thos. Glenn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Balto Co. County: Almshouse

Date of death	Month	Day	Years	Months	Days
1904	10	14	Age 65		

Sex | Color or Race | Birthplace: Ireland

Occupation | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

Name & age frequently doubtful

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation — How long: Dont Know, came to Institution as

Immediate: Dilatation of heart. — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Charles Gordon

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Balto — County: Balto

Date of death 190 — Month: 10 — Day: 28

Age — Years: 20 — Months: 4 — Days: 9

Sex: Male — Color or Race: W — Birthplace: Balto

Occupation: Sailor — Where Residing if not at place of death: 2 S Greene

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas Gordon — Father's Birthplace: N C

Mother's Maiden Name: Mary Hampton — Mother's Birthplace: N C

Name of person giving Information: Chas Gordon Sr — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 weeks

Immediate: Heart failure — How long: 3 hr

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Oswald Kafer

Address: Mercy Hosp Balto Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: James Young Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore; County:

Date of death 1904: Month: October; Day: 21

Age: Years: 63; Months: 5; Days: 22

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: Engineer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Emma Caroline Green

Father's Name: Maurice Green

Father's Birthplace: Virginia

Mother's Maiden Name: Emma Caroline Young

Mother's Birthplace: Georgia

Name of person giving Information: George Anderson

How related to deceased: Not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mitral Regurgitation

How long: 8 mos

Immediate: Kidney trouble

How long: 10 yrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. E. Gentzler

Address: [redacted] W. St. Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: James Lisbon Greene

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Baltimore — County: Baltimore

Date of death: 1904 — Month: Oct. — Day: 3d

Age — Years: 44 — Months: 7 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Salesman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mrs. Martha A. Greene

Father's Name: Arnold C. Greene — Father's Birthplace: Baltimore

Mother's Maiden Name: Martha Adams — Mother's Birthplace: Baltimore

Name of person giving Information: Agnes L. Adams — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis — How long: One Yr.

Immediate: Pulmonary hemorrhage — How long: 45 Min.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W W Brathorn

Address: University Hospital

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Charles F. Greenwood Jr.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Hosp for Consumptives (County) Balto Co

Date of death 1904	Month	Day	Years	Months	Days
	10	21	Age 34	—	—

Sex: Male

Color or Race: White

Birthplace: Norfolk Va

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Charles F. Greenwood

Father's Birthplace: Va

Mother's Maiden Name: Unknown

Mother's Birthplace: Va

Name of person giving Information: Miss Hoffman

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 4 years

Immediate: Exhaustion — How long: Two weeks

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Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H S Jarrell

Address: Towson, Md.

Accident or Suicide? no

LIBRARY BUREAU A88516

Norfolk Va.

Jas Ray Burns Sons

Name in Full: Daniel C. Grim

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sitlz County: Balto

Date of death 190: Month: Oct Day: 17 Age: Years: 60 Months: 9 Days: 2

Sex: Male Color or Race: White Birthplace: Balto Co.

Occupation: Farmer Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Leasinda Grim

Father's Name: Jacob Grim Father's Birthplace: Balto Co.

Mother's Maiden Name: Catherine Mother's Birthplace: " Co.

Name of person giving Information: Mrs Laura L. Grim How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Aortic Regurgitation How long: Several Months

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas L Yagle

Address: New Freedom Pa.

Accident or Suicide?:

LIBRARY BUREAU A86618

Name in Full: Joseph Grimm

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sparrows Point — County: Balto.

Date of death 190 — Month: Oct — Day: 2 — Years: Age about 40 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Occupation: Boiler maker — Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: Married — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Jos Blair — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: drowning 1/2 — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos Blair J. P.

Address: Sparrows Point

Accident or Suicide? Accident

LIBRARY BUREAU A88316

Name in Full: Ella Louella Frost

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Freedom — County: York

Date of death 1909: Month: Oct — Day: 27 — Years: Age 24 — Months: — Days: 19

Sex: Female — Color or Race: White — Birthplace: Balto. Co

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Peregrine Frost — Father's Birthplace: Balto Co

Mother's Maiden Name: Susan Mahaffey — Mother's Birthplace: " "

Name of person giving Imformation: Mrs. E. M. Kindall — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 18 months

Immediate: Tuberculosis — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo A Stone

Address: New Freedom Pa

Accident or Suicide?

LIBRARY BUREAU A38618

Name in Full: Margaret Gunther

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope County: Baltimore

Date of death 1904: Month: Oct Day: 5th

Age: Years: 35 Months: — Days: —

Sex: Female Color or Race: White Birthplace: Baltimore

Occupation: None Where Residing if not at place of death: 109 N Milton ave Balto.

Married, Single ~~Widowed~~ Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Melancholia 93 How long: 1 Year

Immediate: Lobar Pneumonia How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. B. Emerson M.D.

Address: Mt Hope Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Mary Elizabeth Handley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Owings Mills; County: Baltimore Co.

Date of death 1904: Month: 10; Day: 24

Age: Years: 47; Months: 11; Days: 1

Sex: Female

Color or Race: White

Birthplace: Baltimore City

Married, Single or Widowed: Single

Occupation: Attendant at Maryland Asylum for Feeble Minded

Name of Wife or Husband:

Father's Name: James Handley

Father's Birthplace: England

Mother's Maiden Name: Mary E. Dunn

Mother's Birthplace: Ireland

Name of person giving In formation: Mrs. Chas Gallagher

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Appendicitis — How long: About 48 hours

Immediate: General Purulent Peritonitis — How long: 18 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank Keating M.D.

Address: Owings Mills Maryland

Accident or Suicide? Neither

LIBRARY BUREAU A69316

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Sunnybrook — County: Baltimore

Date of death 1904: Month: Oct. — Day: 1 — Age: Years: 0 — Months: 0 — Days: 6

Sex: Male — Color or Race: white — Birthplace: Sunnybrook, Md.

Married, Single or Widowed: single — Occupation: none

Name of Wife or Husband: —

Father's Name: Lewis Henry Hannibal — Father's Birthplace: Upper X Roads Md.

Mother's Maiden Name: Annie Margaret Lincan — Mother's Birthplace: Jacksonville Md.

Name of person giving Information: Lewis H. Hannibal — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Open Foramen Ovale — How long: 6 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. H. Emory M.D.

Address: Hess, Md.

Accident or Suicide?

Name in Full

Certificate of Death

Edward Hairman

Died at Town: Finney County: Balto MARYLAND

Date 1904 Month: Oct Day: 21 | Age Y. 4 M. 3 D. 27 | Native of Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

~~Husband~~ Wife of

Father's Name John W Hairman

Mother's Maiden Name Ada Parks

Cause of Death: Primary Gobd Enteritis 105 — How long sick 3 Months

Immediate Exhaustion

Accident, Suicide, ~~Homicide~~

Reported by W M B. Dunn

Address Leadenhall Balto No 210

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78228

Interred at Yates
Cemetery Col 23

M. G Rank

Please return permit

Name in Full: Simon McClellen Hart—

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore County: Hospital

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month: 1904 10	Day: 28	Age: Years: 17	Months: 4	Days: 6
Sex: Male	Color or Race: White			Birthplace: Clear Spring	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name: John W. Hart—				Father's Birthplace: Md	
Mother's Maiden Name: Sallie J. Hines				Mother's Birthplace: Md	
Name of person giving information: John W. Hart—				How related to deceased: Father	

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Head	How long: 1 year
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

LIBRARY BUREAU A88516

Name in Full: Kensal Sarah.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicottsville; County: Balto

Date of death: Month: Oct; Day: 10; Year: 1904

Age: 70 Months: Days:

Sex: Female

Color or Race: White

Birthplace: Maryland.

Occupation: None

Where Residing if not at place of death: X

Married, Single or Widowed: Married

Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: X

Father's Birthplace: X

Mother's Maiden Name: X

Mother's Birthplace: X

Name of person giving Information: X

How related to deceased: X

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Terminal Dementia — How long: 2 yrs.

Immediate: Cerebral Hemorrhage — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Wm Wade

Address: Ellicottsville

Accident or Suicide? No

LIBRARY BUREAU A68816

Name in Full: Mrs Alice Hicks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Patapsco Neck — County: Balto.

Date of death 1904: Month: Oct — Day: 3 — Age: Years: 15 — Months — Days

Sex: Male — Color or Race: Negro — Birthplace: Patapsco Neck

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widow — Name or Wife or Husband:

Father's Name: Isaac Hicks — Father's Birthplace: Patapsco Neck

Mother's Maiden Name: Sidney Grey — Mother's Birthplace: Balto. Md.

Name of person giving Information: Sidney Hicks — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: Two weeks

Immediate: Exhaustion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Eckhard M.D.

Address: Sparrows Point

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Hoog, Samuel R.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mechanicsville County: Balto.

Date of death 1904: Month: Oct Day: 11 Age: Years: 67 Months: Days:

Sex: Male Color or Race: White Birthplace: Md.

Occupation: Sexton Where Residing if not at place of death: X

Married, Single or Widowed: Married. Name of Wife or Husband: X

Father's Name: X Father's Birthplace: X

Mother's Maiden Name: X Mother's Birthplace: X

Name of person giving Information: X How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia How long: 6 mos.

Immediate: Valvular Dis of Heart How long: 2 y.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Percy Rude

Address: Mechanicsville.

Filed 1904

Accident or Suicide? No.

LIBRARY BUREAU A66516

Name in Full: William Hoyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lauraville; County: Baltimore

Date of death 1890: Month: Oct; Day: 13

Age: Years: 58; Months: 5; Days: 29

Sex: Mal

Color or Race: White

Birthplace: Germany

Occupation: Cabinet Maker

Where Residing if not at place of death: Lauraville

Married, Single or Widowed: Married

Name of Wife or Husband: Annie M F Hoyer

Father's Name: Not known

Father's Birthplace: Germany

Mother's Maiden Name: Not known

Mother's Birthplace: Germany

Name of person giving information: Annie M F Hoyer

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

5-9

PHYSICIAN OR CORONER

Primary

How long

Immediate: Suicide by Shooting

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E L Darling

Address: Lauraville md

Accident or Suicide? Suicide

LIBRARY BUREAU A86816

J Hornig & Son

2008 Orleans St.

Balto Md.

Oct 15/04

Name in Full: John H. Jacobson

CERTIFICATE OF DEATH

MARYLAND

Died at 319 N. Eden Ave — City or Town — County: Balto.

Date of death 190 4 — Month: Oct — Day: 16 — Years: — Months: — Days: 20

Age

Sex: Mal — Color or Race: White — Birthplace: Ma

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband

Father's Name: Andrew Jacobson — Father's Birthplace: Md

Mother's Maiden Name: Mary E Richard — Mother's Birthplace: Md.

Name of person giving In formation: Andrew Jacobson — How related to deceased: Parents.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: since birth

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. A. Edwards M.D.

Address: 1013 Eastern St.

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A88918

Trinity Cemetery
H. Sander & Sons

Name in Full: Lottie Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hyattsville P.O. County: Balto

Date of death 1904: Month: Dec. Day: 29

Age: Years: — Months: 4 Days: 26

Sex: Female Color or Race: Colored

Birthplace: Hyattsville

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: John Fletcher Johnson

Father's Birthplace: Md

Mother's Maiden Name: Georgiana Orr

Mother's Birthplace: Md

Name of person giving information: John F. Johnson

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stomach Hemorrhage

How long: [illegible]

Immediate: 104

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. C. Payne

Address: Corbett

Accident or Suicide:

LIBRARY BUREAU A4E816

Name in Full: Henry Johnston

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Baltimore — County: —

Date of death: Month: Oct. — Day: 1 — Year: 1904 — Age: Years 34 — Months 6 — Days 18

Sex: Male — Color or Race: White — Birthplace: Johnstown, Pa

Occupation: Bricklayer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife ~~or Husband~~: Harriet Johnston

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving Information: Mrs. Martha McFarland — How related to deceased: None.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 26 days

Immediate: Perforation of Bowels — How long: 16 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: William J. Riddick

Address: # House Student - Maryland University

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: John William Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Baltimore — County: Baltimore

Date of death 1904 — Month: Oct — Day: 27

Age — Years: 21 — Months: 4 — Days: 10

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: Painter

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Jones

Father's Birthplace: New York

Mother's Maiden Name: Susie Rogers

Mother's Birthplace: " "

Name of person giving information: Edward Jones Jr.

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gun shot wound — How long: 2 weeks

Immediate: Gangrene — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. F. Fenner

Address: 424 N. Greene St

Baltimore

Accident or Suicide? accident

LIBRARY BUREAU A99816

Name in Full: Unnamed Infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Walkers; County: Balto

Date of death	Month	Day	Age: Years	Months	Days
1904	Oct	17	—	—	3

Sex: Male | Color or Race: colrd | Birthplace: Md

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Jordan | Father's Birthplace: Md

Mother's Maiden Name: Francis Chase | Mother's Birthplace: Md

Name of person giving information: Joseph Jordan | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natural Causes 179 | How long: 2 days

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: [redacted]

Accident or Suicide? no

[illegible] Jenkins D C

LIBRARY BUREAU A66016

Name in Full: John Kelley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Winans; County: Balto Co

Date of death 190 4	Month	Day	Years	Months	Days
	Oct	18th	Age 11	9	✓

Sex	Color or Race	Birthplace
Male	White	Balto

Married Single or Widow(er): ~~Single~~

Occupation: school boy

Name of Wife or Husband:

Father's Name: John Kelley

Father's Birthplace: Balto

Mother's Maiden Name: Kelley

Mother's Birthplace: "

Name of person giving information: Mrs Blacmer

How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: rheumatism 47 — How long: 3 wks

Immediate: Hemmohagic purpura — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. S. M. Kieffer M.D.

Address: Mt Winans Balto Co Md

Accident or Suicide? ✓

PHYSICIAN OR CORONER

LIBRARY BUREAU A692918

Jos Blank

Mr Clark

Name in Full: Nagi Kenaway.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore City. County:

Date of death: Month: Oct Day: 28 1904

Age: Years: 21 Months: Days:

Sex: Male Color or Race: White Birthplace: Alexandria Egypt

Occupation: Student Where Residing if not at place of death: Students building

Married, Single or Widowed: Single Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alley Kenaway Father's Birthplace: Alexandria Egypt

Mother's Maiden Name: Zanib Alley Mother's Birthplace: Cairo "

Name of person giving Information: Fouad Kenaway How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fall down steps How long:

Immediate: fracture of cervical Vertebrae How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Fillmore R Clarke

Address: Roland Park Balto. Md.

Accident or Suicide? Accident

LIBRARY BUREAU A88816

Name in Full: James A. Kerner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlantown; County: Baltimore

Date of death: Month: Oct. Day: 27 1904

Age: Years: 1 Months: 5 Days: 7

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Andrew J. Kerner

Father's Birthplace: Md

Mother's Maiden Name: Susie E. Thompson

Mother's Birthplace: Md

Name of person giving information: Andrew J. Kerner

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheritic croup

How long: 1 Day.

Immediate: Toxaemia + Respiratory Failure

How long: 6 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. A. Glantz

Address: 41 Eastern Ave. Est.

Accident or Suicide?

LIBRARY BUREAU A88818

New Cathedral Cemetery

October 28th 1904

Germanus Trance

Undertaker

Name in Full: George Frederick Kettel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point; County: Balto.

Date of death: Month: 10; Day: 28; 1904

Age: Years: 34; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Carlsruhe, Germany

Occupation: Clergyman

Where Residing if not at place of death: Baltimore City, Md.

Married, Single or Widowed: Married

Name of Wife or Husband: Bessie B Frankel

Father's Name: Geo. F. Kettel

Father's Birthplace: Boston, Mass.

Mother's Maiden Name: Mary Anderson

Mother's Birthplace: Richmond, Mass.

Name of person giving information: J. P. Bassett

How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

How long

Immediate: Drowned

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos Blair (Coroner)

Address: Sparrows Point

Accident or Suicide? Accident

LIBRARY BUREAU A66516

Name in Full: Clara Koch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 13 Canton Ave Highlandtown; County: Balto.

Date of death: 1904 Month: Oct. Day: 1 Age: Years 35 Months 2 Days 24

Sex: Female Color or Race: White Birthplace: Germany

Occupation: Housewife Where Residing if not at place of death: —

Married, ~~Single or Widowed~~ Name of ~~Wife or~~ Husband: Charley Koch

Father's Name: Charley Walther. Father's Birthplace: Germany

Mother's Maiden Name: Unknown Mother's Birthplace: Germany

Name of person giving Information: Charley Koch How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 15 Mos.

Immediate: Cardiac Exhaustion How long: 2 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. A. Glantz

Address: 41 Eastern Ave.

Accident or Suicide?

LIBRARY BUREAU A38016

St. Paul Minn.
John Herwig & Son
2008 Adams St.
Oct. 4/04

Name in Full: Charles F. Krieger — Certificate of Death

Died at Town: Balto. County: MARYLAND

Date: Month Oct Day 5. 1904. — Age Y. 63. M. — D. — — Native of Germany — Occupation Stevedore

Male ~~Female~~ X — White X — Married ~~Single~~ X — Widow ~~Widower~~ X — Divorced X — Number of children living 2.

Husband of Katherine Krieger

Father's Name: Not Known — Mother's Name: Not Known

Cause of Death — Primary: 172 — How long sick: Suddelen

Immediate: Drowning — Accident, ~~Suicide, Homicide~~

Reported by: Thomas Sudler In D Coroner

Address: 320 N Green St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 8596B

Name in Full: John Leonard Krach

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fullerton — County: Balto

Date of death 190 4 — Month: Oct. — Day: 17 — Age: Years: — Months: May — Days: 5 D

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: Md

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: J Leonard Krach — Father's Birthplace: Md

Mother's Maiden Name: Rosa Reichard — Mother's Birthplace: Md

Name of person giving In formation: J Leonard Krach — How related to deceased: Father

CAUSES OF DEATH

Primary: Marasmus — How long: About 4 weeks

Immediate: Exhaustion — How long:

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide? No

Signature of Physician: Leonard Whitefort

Address: Fullerton, Md.

LIBRARY BUREAU A83816

Mt Carmel

Name in Full: Agnes Kuhn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Baltimore

Date of death: Month: Oct — Day: 6 — Years: 1904 — Age: 6 — Months: — — Days: 6

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Alves Kuhn — Father's Birthplace: Germany

Mother's Maiden Name: Catherine Wolf — Mother's Birthplace: "

Name of person giving Information: Alves Kuhn — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diptheria — How long: 10 days

Immediate: Cardiac Paralysis — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Schneider M.D.

Address: 1013 Eastern St.

Accident or Suicide? —

LIBRARY BUREAU A66516

Germanus Trance

Oct 7th 1904

Sacred Heart Cemetery.

Name in Full: John Lane

CERTIFICATE OF DEATH

Died at (Town) St. Agnes' Hospital (County) Balto. MARYLAND

Date of death	Month	Day	Age Years	Months	Days
1904	Oct.	28	24		

Sex: Male | Color or Race: White | Birthplace: Baltimore

Occupation: Painter | Where Residing if not at place of death: 1367 N. Hoodshire St

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: [illegible] | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: | How related to deceased:

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long:

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician: John T. O'Mara, M.D.

Address: St. Agnes' Hospital, Balto. Md.

Dec. 1.

LIBRARY BUREAU A86816

Name in Full

Thos Langley

Certificate of Death

Town: Bear Creek | County: Baltimore | MARYLAND

Died at Bear Creek

Date 1904	Month	Day	Age Y.	M.	D.	Native of	Occupation
	Oct	27	27	0	15	Va	Dealer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Husband / Wife of _____

Number of children living [illegible]

Father's Name: Wm Langley

Mother's Name: Emily Langley

Cause of Death: Primary: Pistol Shot

Immediate: Shock

How long sick _____

~~Accident, Suicide~~, Homicide

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Reported by Wm Gillinger

John G Mueller

Address 433 Central Ave

Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Laurel County
Chas E. Bailey

Name in Full: Emma L. Larkin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Winans — County: Balto. Co.

Date of death: Month: 10 — Day: 9 — Years: Age 17 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Mt Winans

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John L. Larkins — Father's Birthplace: Balto. Co.

Mother's Maiden Name: Estella Grady — Mother's Birthplace: Balto. City

Name of person giving information: Charles Larkins — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 17 days

Immediate: Heart Failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Henry Boyd

Address: 612 Columbia ave.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full

Certificate of Death

Helen Fishpaw Frost

Died at Town Cockeysville County Balto MARYLAND

Date 1904 Month Oct Day 28 | Age Y. 1 M. 3 D. 2 | Native of Md | Occupation Infant

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | ~~Number of children living~~

~~Husband of~~ ~~Wife~~

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Father's Name John G. Frost Mother's Maiden Name Mary E. Fishpaw

Cause of Death: Primary Pulmonary Catarrh — How long sick 5 days

Immediate Complications of Lungs — ~~Accident, Suicide, Homicide~~

Reported by Dr H. R. Burnside

Address Cockeysville Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70828

Interment at Jefferson
Cemetery
Oct 30 "

Henry Eaton Funeral

Jones Dy Rev

M. E. Brooks

Name in Full

Certificate of Death

Viola Lewis

Died at Town: Poplar Heights, County: Balto Co. MARYLAND

Date 1904 Month: Oct. Day: 6 | Age Y.: 3, M.: 4, D.: | Native of: md. | Occupation: —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of —
Wife

Father's Name: James Lewis

Mother's Maiden Name: Elenora Lewis / Elenora Bundy

Cause of Death — Primary: Pneumonia — How long sick:

Immediate: Exhaustion 93 — Accident, Suicide, Homicide:

Reported by: J. F. Williams M.D.

Address: 410 S. Patterson Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Richard L. Litzinger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roland Park — County: Baltimore

Date of death 190 4 — Month: Oct — Day: 31 — Age: Years 70 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace

Married, Single or Widowed: Married — Occupation: Merchant

Name of Wife or ~~Husband~~: Eliza Litzinger

Father's Name: Richard L. Litzinger — Father's Birthplace: Balto Co

Mother's Maiden Name: Eliza Fleming — Mother's Birthplace: Ireland

Name of person giving Information: William Litzinger — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dead on arrival, history of 6 hrs — How long: not given.

Immediate: Apoplexy. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Gibson Porter

Address: Roland Park, Md.

Accident or Suicide? No

LIBRARY BUREAU A33016

St Mary's Manor

N. N. Marshall

3539 Fall Road

Name in Full: Michael Loeffler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton, Balto. Co. County: Balto.

Date of death: Month: 1904 Oct. Day: 30. Age: Yrs: 1/2 hour Months: Days:

Sex: male Color or Race: white Birthplace: Balto. Co.

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Loeffler Father's Birthplace: Germany

Mother's Maiden Name: Kunigunda Foetsch Mother's Birthplace: "

Name of person giving information: Joseph Loeffler How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Birth How long:

Immediate: asphyxia How long:

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. W. Schneider M.D.

Address: 108 Canton St.

Accident or Suicide?

LIBRARY BUREAU A66816

Sacred Heart Cemetery

Oct 30th 1904

Germanus France

Name in Full: Henry Ludolph

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Baltimore

Date of death 190 4 — Month: Oct — Day: 12 — Age — Years: 57 — Months: 6 — Days: 9

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Widowed — Occupation: Box maker

Name of Wife or Husband: [illegible]

Father's Name: Dan'l Knoon — Father's Birthplace: [illegible]

Mother's Maiden Name: " " — Mother's Birthplace: "

Name of person giving information: George Vaupel — How related to deceased: Stepson

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Concussion of the brain — How long: 6 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Grafe M. D.

Address: 1110 E. Broadway

Accident or Suicide?

LIBRARY BUREAU A6551S

H Sanders & Son

Dr Paul Cundy

Name in Full: Eliza A. Mc. Clelland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Back River County: Baltimore

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: Oct Day: 6 1904

Age: Years: 47 Months: 11 Days: 24

Sex: Female Color or Race: White Birthplace: Balto Co

Occupation: Housewife Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband: Wm. B. Mc. Clelland

Father's Name: Joseph W. Earle Father's Birthplace: Balto Co

Mother's Maiden Name: Eliza A. Earle Mother's Birthplace: " "

Name of person giving information: Joseph B. Mc. Clelland How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Miliary Tuberculosis How long: 3 Months

Immediate: " " How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Ruckard M.D.

Address: 910 Canton St. Baltimore

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full. Catherine A McEuroe

CERTIFICATE OF DEATH

MARYLAND

Died at Mt Hope Town R — Baltimore County

Date of death 1904 — Month Oct — Day 24 — Age 5 1/2 — Months — Days

Sex Female — Color or Race White — Birthplace Balto Co Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single — Name of Wife or Husband —

Father's Name — Father's Birthplace Ireland

Mother's Maiden Name — Mother's Birthplace "

Name of person giving Information Parents. — How related to deceased not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Bronchitis. — How long 6 days

Immediate Laryngitis (Diphtheritic (?) — How long —

Are the name, age, sex, color, date and place correctly given above?

Signeture of Physician Frank J. Flannery

Address Mt Hope Retreat. Sub Registrar.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full

Colin Burgess Mackenzie

Certificate of Death

Died at Town: Fawn Grove County: York Penna MARYLAND

Date 1904 Month: October Day: 27th | Age Y. 73 M. 6 D. 24 | Native of Baltimore Md | Occupation Retired

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name: Hon Mackenzie

Mother's Maiden Name: Fay Northy Mackenzie Fay B. Norbury

Cause of Death — Primary: Paralysis 60 — How long sick: 8 years

Immediate: Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by: Dr Johns A Hawkins

Address: Fawn Grove York Co. Penna.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mrs Martha Magee

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Corkeyville — County: Baltimore

Date of death: Month: Oct — Day: 13th — Year: 1904 — Age: Years: 76 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: Domestic — Where Residing if not at place of death: Corkeyville

Married, Single or Widowed: Widow — Name of Wife or Husband: Wm Magee

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Henry R. Magee — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: 2 yrs.

Immediate: Cancer — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Burns

Address: Texas Md

Accident or Suicide?

LIBRARY BUREAU A25516

Name in Full: Walter Benedict Mahoney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto

Date of death: Month: 10; Day: 20; 190 4

Age: Years: 16; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Maryland Balto.

Occupation: Laborer

Where Residing if not at place of death: 1457 Ellwood St.

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Thos. H. Mahoney

Father's Birthplace: W. Va

Mother's Maiden Name: Catharine Kennedy

Mother's Birthplace: W. Va

Name of person giving Information: William S. Mahoney

How related to deceased: Brother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Miliary Tuberculosis

How long: 3 mos

Immediate: Exhaustion

How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Greaves M.D.

Address: 3 and Gough Highlandtown

Accident or Suicide? No

LIBRARY BUREAU A86316

St Patricks Cemetery

H. Sander & Sons

Name in Full: Cecelia Malone

CERTIFICATE OF DEATH

MARYLAND

Died at 408 S. Clinton St Canton — Town — County: Baltimore

Date of death Oct 15 1904 — Month: Oct — Day: 15th — Age: 42 — Years — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Widow — Occupation: Housework.

Name of Wife or Husband: Daniel Malone

Father's Name: Henry B Homburg — Father's Birthplace: Germany

Mother's Maiden Name: — — Mother's Birthplace: Germany

Name of person giving Information: Sister — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemiplegia — How long: 24 hours

Immediate: Heart failure — How long: a few hours

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Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. L. T. Burke. M. D.

Address: 222 O'Donnell St Canton. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A36016

Lenovky Bro
Bacho Lenehej

Name in Full: Otiliane O. Mattson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 240 Mt Pleasant Ave Highland — County: Galto.

Date of death 190 — Month: Oct — Day: 13 — Age: Years: — Months: 9 — Days:

Sex: M — Color or Race: W — Birthplace: Galto md

Occupation: — Where Residing if not at place of death: 240 Mt Pleasant Ave

Married, Single or Widowed: S. — Name of Wife or Husband: —

Father's Name: John M. Mattson — Father's Birthplace: Galto.

Mother's Maiden Name: Jane Work. — Mother's Birthplace: Galto.

Name of person giving information: (aunt.) Lilian Work — How related to deceased: aunt

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intestinal Rachitis — How long: 7 days.

Immediate: Exhaustion — How long: 2 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. C Blades MD.

Address: 143 N Broadway. Galto Md.

Accident or Suicide? —

LIBRARY BUREAU

Jno Moran
Baltimore Cem.

Name in Full: Charles Mehring

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton; County: Baltimore; MARYLAND

Date of death 190 4: Month: 10; Day: 4

Age: Years: 73; Months: 10; Days: 3

Sex: Male; Color or Race: White; Birthplace: Germany

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or Husband: Frederickka Mehring

Father's Name: Gotfried Mehring; Father's Birthplace: Germany

Mother's Maiden Name: Not Known; Mother's Birthplace: —

Name of person giving Information: Frederickka Mehring; How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage; How long: 4 days

Immediate: Exhaustion; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fredk Carnelius

Address: 2224 E. Balto St

Accident or Suicide?

LIBRARY BUREAU A68816

1st Evangelical
Cemetery
H. Sander & Sons

Name in Full: John Mellor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodlawn. County: Balto

Date of death 1904	Month	Day	Age	Years	Months	Days
	Oct	25		82	5	24

Sex: Male

Color or Race: White

Birthplace: England

Married, ~~Single~~ or Widowed: Widower

Occupation: none

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband:

Father's Name: John Mellor — Father's Birthplace: England

Mother's Maiden Name: Elizabeth Fetherall — Mother's Birthplace: England

Name of person giving information: Mrs Elizabeth Pierpont — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia — How long: 1 week

Immediate: Paralysis of respiration — How long: immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. C. Smith

Address: Woodlawn Md

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Jessie Rebecca Milner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Maryland Line — County: Balto

Date of death: 1904 — Month: Oct — Day: 17 — Years: Age 46 — Months: 11 — Days: 16

Sex: Female — Color or Race: White — Birthplace: Ohio

Occupation: — Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Nathan Milner — Father's Birthplace: Penna

Mother's Maiden Name: Ann Jane McCleghan — Mother's Birthplace: Ireland

Name of person giving Imformation: Samuel Milner — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation Cardiac Dilatation — How long: Years

Immediate: Last Consumption from about 6 months Bronchial & Pulmonary Congestion — How long: about 6 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Carroll A Perry

Address: Shrewsbury Pa.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full

Certificate of Death

Miss Fannie E. Molesworth

Died at Town: Catonsville County: Baltimore MARYLAND

Date 1902 Month: 10 Day: 17 | Age Y.: 18. M.: 4 D.: 22 | Native of: Maryland | Occupation: Typewriter

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living: 3

Husband of Wife

Father's Name: Rufus Molesworth Mother's Name: Lizzie Molesworth

Cause of Death: Primary: Appendicitis How long sick: 4 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by: D. Whiteley

Address: Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65858

Name in Full: John Molick

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Grange — County: Balto

Date of death 1904 — Month: Oct — Day: 18 — Age: Years 43 — Months 8 — Days

Sex: Male — Color or Race: White — Birthplace: Austria

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Malik

Father's Name: Jos Malik — Father's Birthplace: Austria

Mother's Maiden Name: — Mother's Birthplace: "

Name of person giving information: Mary Malick — How related to deceased: his wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Contusion Pulmonary — How long: 6 hrs

Immediate: Natural causes — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~ Coroner: Fred L Pfeffer

Address: Fred L Pfeffer Cor. 1218 First St

Accident or Suicide?

LIBRARY BUREAU A66816

Holy Rosary

Jacob Falkowski

Name in Full: Helen C. Monahan

CERTIFICATE OF DEATH

MARYLAND

Died at Hunting Ridge, Catonsville / County: Baltimore Co.

Date of death: Month October 30th 1904 / Day / Age: Years 16 / Months 2 / Days

Sex: Female

Color or Race: White

Birthplace: Baltimore

Occupation: none

Where Residing if not at place of death:

~~Married~~, Single, ~~Widowed~~

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Michael Monaghan — Father's Birthplace: Ireland

Mother's Maiden Name: Mary McCormack — Mother's Birthplace: Ireland

Name of person giving Information: Michael Monaghan — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis, Pulmonalis — How long: about 7 months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John G. Holliday M.D.

Address: 714 Frederick Ave / Baltimore

Accident or Suicide?

LIBRARY BUREAU A6581G

Name in Full: Mark

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fordenville — County: Preb

Date of death 1904: Month: Oct — Day: 19

Age: Years: still born — Months — Days

Sex: Male — Color or Race: White — Birthplace

Married, Single or Widowed — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jno Mark — Father's Birthplace

Mother's Maiden Name: Stedler — Mother's Birthplace

Name of person giving information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Difficult labor — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Wm D Lowe

Address: Fordenville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Jacob Morlok

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Franklin-ville — County: Balto

Date of death 1904: Month: 10 — Day: 9 — Years: Age 4 0 0 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or ~~Widowed~~ — Name of Wife or ~~Husband~~: Julia Morlok

Father's Name: [redacted] — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: Julia Morlok — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion Fever — How long: 11 4

Immediate: Gastritis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles Bagley M.D.

Address: Bagley, Md.

Accident or Suicide:

over

LIBRARY BUREAU 88616

Interment -

Stepney. Hartford Co

Name in Full: Susanna Nickol

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highlandtown — County: Balto.

Date of death: Month: Oct. — Day: 27 — 1904 — Age: Years: 22 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Housework — Where Residing ~~if not~~ at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: George Nickol — Father's Birthplace: Germ.

Mother's Maiden Name: Unknown — Mother's Birthplace: Germa.

Name of person giving Information: W. Dipple — How related to deceased: Friend.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 6 mos.

Immediate: Cardiac Failure — How long: 2 4 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. A. Glantz

Address: 41 Eastern Ave Est

Accident or Suicide?

LIBRARY BUREAU A88516

Rendell Ophthl Surg

Sacred Heart Camb

Name in Full: Edward F. O'Dunn

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Agnes' Hosp. County: Balto. MARYLAND

Date of death 1904: Month: 10th Day: 4 Age: Years 69 Months Days

Sex: Male Color or Race: White Birthplace: New York

Occupation: None Where Residing if not at place of death

Married, Single or Widowed: Widower Name of Wife or Husband

Father's Name: Father's Birthplace

Mother's Maiden Name: Mother's Birthplace

Name of person giving Information: 64 How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage. How long 1½ years

Immediate: Gneral paralysis. How long 10 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J W Nevin MD

Address: 1938 Linden Av

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Alice Paterson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: 325 East E. st — County: Baltimore

Date of death 1904: Month: 10 — Day: 29 — Age: Years: 16 — Months: 7 — Days:

Sex: Female — Color or Race: White — Birthplace: England

Occupation: None — Where Residing if not at place of death: 325 East E. st

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John Paterson — Father's Birthplace: Scotland

Mother's Maiden Name: Alice Dresser — Mother's Birthplace: England

Name of person giving Information: Father Paterson — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophy of the heart — How long: 11 years

Immediate: Acute Bronchitis — How long: 10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: G. Woodward, M.D.

Address: Parrow's Point Md.

Accident or Suicide?

LIBRARY BUREAU A6818

Name in Full: Joseph McDonal Peeples

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Illchester — County: Baltimore Co

Date of death: Month: Oct — Day: 18 — 1904

Age: Years: 86 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Guilford Co N. C.

Occupation: Mill Hand — Where Residing if not at place of death: Illchester

Married, Single or Widowed: Married — Name of Wife or Husband: Judah Peeples

Father's Name: Herbert Whytt — Father's Birthplace: Guilford Co N C

Mother's Maiden Name: Louisana Whytt — Mother's Birthplace: " " " "

Name of person giving information: — How related to deceased: " " " "

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Asthma — How long: annual years

Immediate: Supposed heart failure - dropped dead suddenly — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: William E. Hodges

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name In Full

Certificate of Death

Thomas Powers

Town: Warren County: Baltimore

Died at MARYLAND

Date 19 0 4 Month: Dec Day: 16 Age: Y. 56 M. 1 D. 1 Native of: Maryland Occupation: Laborer

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife: X

Father's Name: Robert Powers Mother's Maiden Name: Bridget Forrest

Cause of Death — Primary: Acute Nephritis & Cystitis How long sick: 15 days

Immediate: Pneumonia 93 Accident, Suicide, ~~Homicide~~

Reported by: Dr. H. Benson

Address: Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name in Full: Roy Pugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Worth Manor — County: Balto

Date of death 190 4: Month: Oct — Day: 18

Age: Years: — Months: 1 — Days: 14

Sex: male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Samuel S Pugh — Father's Birthplace: Md

Mother's Maiden Name: Susie Stookey — Mother's Birthplace: Md

Name of person giving Information: Mrs Samuel Pugh — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia Bronch — How long:

Immediate: Inanition — How long: all life

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John W Hannan M D

Address: Middle River Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Raymond C Pugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: White Marsh; County: Bucks

Date of death 1904: Month: Oct; Day: 16

Age: Years: —; Months: 1; Days: 12

Sex: Male

Color or Race: White

Birthplace: Md

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Pugh

Father's Birthplace: Md

Mother's Maiden Name: Susie Shirley

Mother's Birthplace: Md

Name of person giving information: Mrs James Pugh

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth

How long: —

Immediate: Exanthem

How long: an hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Lee Harrison M D

Address: Middle River Md

Accident or Suicide? No

LIBRARY BUREAU A68816

Name in Full: Henry Rawlings

15

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore | County:

Date of death: Month: Oct | Day: 13 | Years: Age 19 | Months: 10 | Days:

Sex: Male | Color or Race: | Birthplace: Calvert Co

Occupation: Waiter | Where Residing if not at place of death: Baltimore

Married, Single or ~~Widowed~~: | Name of Wife or Husband:

Father's Name: Wm A Rawlings | Father's Birthplace: Calvert Co

Mother's Maiden Name: Mary D Stewart 179 | Mother's Birthplace: Calvert Co

Name of person giving Information: | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: | How long:

Immediate: Dont Know | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John T. Brooks

Address:

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Arthur Judson Rowe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Towson; County: Balto.

Date of death: Month: June; Day: 30; Year: 1907

Age: Years: 64; Months: ; Days:

Sex: Male

Color or Race: white

Birthplace: Balto.

Occupation: Jeweler

Where Residing if not at place of death: Towson.

Married, Single or Widowed: Widower

Name of Wife or Husband:

Father's Name: Joseph E. Rowe

Father's Birthplace: on the Gacon

Mother's Maiden Name: Elizabeth Stilz

Mother's Birthplace: Balto.

Name of person giving In formation: Charles Rowe

How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia & Jaundice 93

How long: Eight days

Immediate: Pneumonia

How long: Eight days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D T Garrett

Address: Towson

~~Accident or Suicide?~~

LIBRARY BUREAU A66616

Baptist- Cem.
, Hereford
John Burns Sons

Name in Full: Katie Schepis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Consumptive Hospital, Fulton; County: Balto Co

Date of death	Month	Day	Years	Months	Days
1904	10	14	Age 21	3	

Sex: Female

Color or Race: White

Birthplace: Baltimore

Occupation: Domestic

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Mrs Hoffman

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis 27

How long:

Immediate:

How long: 9 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: DH Farrell

Address: Forbon, Md

Accident or Suicide? no

LIBRARY BUREAU A83616

Evans & Spence

Old Sweet Home

City

Name in Full: John Schmidt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Baltimore

Date of death: 1904 Month: Oct Day: 6 Age: Years: 5 Months: Days: 12

Sex: Male Color or Race: White Birthplace: Germany

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: single Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Schmidt Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Fellner Mother's Birthplace: " "

Name of person giving Information: Elizabeth Schmidt How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria How long: one week

Immediate: Paralysis How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Edwards M.D.

Address: 1013 E Canton Sq

Accident or Suicide?

LIBRARY BUREAU A668816

Sacred Heart Cemetery

Oct. 7th 1904

Germanicus Tranel

Under Eaton

Name in Full: Maggie Schmidt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto Co.

Date of death: Month: Oct. Day: 21 1904

Age: Years: — Months: — Days: 10

Sex: Female

Color or Race: White

Birthplace: Balto Co.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Micheal Schmidt

Father's Birthplace: Germany

Mother's Maiden Name: Kunigunda Miller

Mother's Birthplace: " "

Name of person giving Information: Kunigunda Miller. 15-1

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus (Contributory)

How long: Since birth,

Immediate: Pneumonia

How long: 6 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. E. McClanahan M.D.

Address: 618 S. Clinton St. Highlandtown

Accident or Suicide?

LIBRARY BUREAU A88816

Germanus France

Oct 22nd 1904

Sacred Heart Cemetery

Name in Full: Susan Schnauder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: 1904; Month: Oct; Day: 13th; Age: Years: 79; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace:

Occupation: None; Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: Rects Mt Hope; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Mania 68; How long:

Immediate: Ex- Cardiac Asthenia -; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Co Md.

Accident or Suicide?

LIBRARY BUREAU A&B516

Name in Full: Emma R. Shuckles.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Stolbrook. (County): Balto.

Date of death: Month: Oct. Day: 25. 1904

Age: Years: 53. Months: Days:

Sex: Female. Color or Race: White. Birthplace: Maryland.

Occupation: None. Where Residing if not at place of death: Stolbrook.

~~Married~~, Single or Widowed: Single. Name of Wife or Husband:

Father's Name: Richard Shuckles. Father's Birthplace: Maryland.

Mother's Maiden Name: Emmaline Knott. Mother's Birthplace: Maryland.

Name of person giving In formation: Jennie Crooke. How related to deceased: Cousin.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis. How long: 15. years.

Immediate: Exhaustion & Suffocation. How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wm. H. Maud. M.D.

Address: Harisonville, Md.

Accident or Suicide:

LIBRARY BUREAU

Name in Full: Ruth Shipley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Petrisville — County: Balto

Date of death 1904 — Month: Oct — Day: 4 — Age — Years: 84 — Months: — Days:

Sex: Female — Color or Race: white — Birthplace: Carroll Co. Md

Occupation: House w/o — Where Residing if not at place of death:

Married, Single or Widowed: widow — Name of Wife or ~~Husband~~: Geo B Shipley

Father's Name: Adam Shipley — Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Orpah Rollis — Mother's Birthplace: Balto Co Md

Name of person giving information: James M. Shipley — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Debility — How long: several years

Immediate: " " — How long: several months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W G Thom

Address: Petresville Md

Accident or Suicide?

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LIBRARY BUREAU A66818

Name in Full: Stillborn Child.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Owings Mills. County: Balto -

Date of death 1904 Month: Oct. Day: 10

Age: Years — Months — Days —

Sex: Female Color or Race: White. Birthplace: Owings Mills.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William A. Shoemaker. Father's Birthplace: Md.

Mother's Maiden Name: Mary A. Kurtzer. Mother's Birthplace: Md.

Name of person giving Information: William A. Shoemaker. How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn. How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wm. H. Ward. M.D.

Address: Harrisonville Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Mrs. Mary Catherine Steiner

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Reisterstown (County) Baltimore

Date of death 1904: Month Oct. Day 14 — Age Years 48 Months — Days —

Sex Female — Color or Race White — Birthplace Chambersburg Pa.

Married, Single or Widowed Widow — Occupation —

Name of Wife or Husband John P. Steiner

Father's Name John Goodmann — Father's Birthplace Chambersburg Pa

Mother's Maiden Name M. K. Schneider — Mother's Birthplace Chambersburg Pa

Name of person giving In formation Edw. Weidenhold — How related to deceased Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cancer of Uterus 42 — How long 1 yr

Immediate Exhaustion — How long 2 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. M. Slade

Address Reisterstown

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Walter Albert Slaysman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Govans; County: Balto.

Date of death 1904: Month: October; Day: 18; Age: Years: 10; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Govans. Md.

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband:

Father's Name: Alonzo Slaysman; Father's Birthplace: Balto. Md.

Mother's Maiden Name: Elizabeth Stoudcomb; Mother's Birthplace: Balto Md.

Name of person giving Information: Alonzo Slaysman; How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion & Cholera Morbus; How long: 2 days

Immediate: Collapse & Syncope; How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: William J. Pillsbury M.D.

Address: 2801 York Road

Accident or Suicide?

LIBRARY BUREAU A888316

Henry W. Theurot

Son

Greenmount Cemetery

Name in Full: Harry Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Baltimore; County: —

Date of death: Month: Oct; Day: 29

Age: Years: 40; Months: 3; Days: 4

Sex: Male

Color or Race: White

Birthplace: St Louis Mo

Occupation: Cabinet Maker

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Julia Smith

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving Information: Mrs. Mary Howard

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 3 weeks

Immediate: Exhaustion

How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Rooks

Address: 1618 W Fayette

Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Baltimore — County: Baltimore

Date of death 1904 — Month: Oct — Day: 27

Age — Years: 42 — Months: 6 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Laborer — Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Jones

Father's Name: William Smith — Father's Birthplace: Washington DC

Mother's Maiden Name: Bessie Brown — Mother's Birthplace: Alexandria, Va

Name of person giving Information: Wm. Smith — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 5 years

Immediate: Hemorrhage — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julian W. Ashby

Address:

Accident or Suicide? X

PHYSICIAN OR CORONER

LIBRARY BUREAU A66616

Name in Full: John Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Baltimore (County) 14 N. Bond St.

Date of death 1904 Month Oct. Day 27

Age Years 30 Months 4 Days 7

Sex Male

Color or Race White

Birthplace Bel Air, Md.

Occupation Salesman

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Mary Smith

Father's Name Henry Smith

Father's Birthplace Bel Air, Md.

Mother's Maiden Name Mary Jones

Mother's Birthplace Balto.

Name of person giving In formation Henry Smith

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Typhoid Fever

How long 4 weeks

Immediate Intestional Perforation

How long 1 day

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician Roscoe C. Metzel

Address 523 N. Stricker St. Balto, Md.

Accident or Suicide? Accident

LIBRARY BUREAU A88816

Name in Full: John Lee Smith.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Balto. County

Date of death: 1904; Month: October; Day: 21st

Age: Years: 29; Months: 4; Days: 14

Sex: Male

Color or Race: White

Birthplace: Frederick, Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Smith.

Father's Birthplace: Norfolk, Va.

Mother's Maiden Name: Edna Jones

Mother's Birthplace: Frederick, Md.

Name of person giving Information: Howard R. Wood

How related to deceased: Friend.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia — How long: Two weeks.

Immediate: Pulmonary Tuberculosis. — How long: Six months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: James S Billingslea

Address: Towson Md.

Accident or Suicide? No.

LIBRARY BUREAU A66616

Name in Full: Henry Stabler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: White Hall — County: Baltimore

Date of death 1904: Month: 10 — Day: 15 — Age: Years: 81 — Months: 4 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: Widowed — Occupation: None

Name of Wife or Husband: Carrie M B. Stabler

Father's Name: George Stabler — Father's Birthplace: Dont Know

Mother's Maiden Name: Susan Cockett — Mother's Birthplace: " "

Name of person giving In formation: Mrs C. M Pearce — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: Short time

Immediate: Cardiac Asthenia — How long: Short time

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Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thomas C. Buchanan

Address: White Hall Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A33516

Name in Full: Conrad F. Steinbach

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: 500 Clinton St. Canton — County: Balto. County

Date of death 1904: Month: October — Day: first

Age: Years: — Months: three — Days: twenty

Sex: male

Color or Race: white

Birthplace: Baltimore County

Occupation: none

Where Residing if not at place of death: 500 Clinton St. Canton

Married, Single or Widowed: single

Name of Wife or Husband: none

Father's Name: William Steinbach

Father's Birthplace: Germany

Mother's Maiden Name: Mollie Rudvkofsky

Mother's Birthplace: Baltimore

Name of person giving information: Mother's Rudvkofsky

How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Rickets

How long: since birth

Immediate: Starvation

How long: one week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Pierre G. Dauschmidt

Address: 121 Jackson Square, Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: George Washington Blackadale

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Reisterstown; County: Baltimore

Date of death 190 4: Month: October; Day: 1; Age: Years 56; Months —; Days —

Sex: Male; Color or Race: White; Birthplace: Carroll Co.

Married, Single or Widowed: married; Occupation: Auctioneer

Name of Wife or Husband: Eva J. Frair

Father's Name: Edmund Blackadale; Father's Birthplace: Carroll Co.

Mother's Maiden Name: — Gorsuch; Mother's Birthplace: Carroll Co.

Name of person giving In formation: William S Blackadale; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cardiac Dilatation; How long: 7 Mos.

Immediate: Exhaustion; How long: 3 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. M. Slade

Address: Reisterstown

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A86516

Name in Full: Francis A Stonesifer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Summit — County: York Co Pa

Date of death 1904 — Month: Oct — Day: 9

Age — Years: 59 — Months: — Days: 14

Sex: [redacted] — Color or Race: White — Birthplace: Baltimore Md

Married, Single or Widowed: married — Occupation: Machinist

Name of Wife or Husband: Sarah

Father's Name: Amos Stonesifer — Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Fanny Garghety — Mother's Birthplace: Heneock " "

Name of person giving information: Pat York — How related to deceased: 179

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Complication of Diseases — How long: 4 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [redacted]

Address: G F W Milla Undertaker

Accident or Suicide? over

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Died in York Co. Pa.
buried at Linebos
Cemetery Carroll
County Md.

Name in Full George Strain

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Pikesville — County: Baltimore

Date of death 1904 — Month: 10 — Day: 24

Age — Years: 72 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Virginia

Married, Single or Widowed: Married — Occupation: Old Soldier

Name of Wife or Husband: —

Father's Nama: — — Father's Birthplace: —

Mother's Maiden Nama: — — Mother's Birthplace: —

Name of person giving In formation: H. W. Mathews — How related to deceased: None

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Degeneration — How long: Some yrs

Immediate: Meningitis — How long: about 1 week

Are the name, aga, sex, color, date and place correctly given above?

Signature of Physician: W. P. E. Myers

Address: Pikesville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name In Full

Certificate of Death

John Henry Stump

Town Reisterstown County Balto.

Died at Reisterstown MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 1904 Oct.	18	Age 69			Germany	Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 1

Husband of ~~Wife~~ Margaret Elizabeth Stump

Father's Name Henry Stump | Mother's Name Susan Stump

Cause of Death — Primary: Cerebral Hemorrhage

Immediate:

How long sick

~~Accident, Suicide, Homicide~~

Reported by Dr G H Buckley

Address Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Information was received from his Son.

Name in Full — Clarke Dydenham

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Baltimore — County: Baltimore

Date of death 1904 — Month: October — Day: Thursday — Age: Years 28 — Months 7 — Days 5

Sex: Male — Color or Race: W. — Birthplace: Baltimore

Occupation: Carpenter — Where Residing if not at place of death: X

Married, Single or Widowed: Single — Name of Wife or Husband: X

Father's Name: Mr Addison Clarke — Father's Birthplace: Baltimore

Mother's Maiden Name: Miss Maggie — Mother's Birthplace: " "

Name of person giving Information: Kid — How related to deceased: brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Wound foot — How long: month

Immediate: Tetanus — How long: 7 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: N. Kenaury

Address: U. Hospital

Accident or Suicide? Accident

LIBRARY BUREAU A66816

Name in Full: Robert L. Taylor 0-4-3

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Baltimore

Date of death 1904 — Month: Oct — Day: 8 — Age — Years: 17 — Months: 4 — Days: 26

Sex: male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation: Carpenter

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert N. Taylor — Father's Birthplace: Va

Mother's Maiden Name: Elizabeth Fletcher — Mother's Birthplace: Va

Name of person giving In formation: Gw Bondhardt — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Drowning 172 — How long: —

Immediate: Drowning — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician (Coroner): John G Mueller

Address: 216 O'Donnell St

Accident or ~~Suicide~~? Accident

LIBRARY BUREAU A88818

Mount Carmel

H. Sander & Sons

Name in Full: Katie Dolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Baltimore — MARYLAND

Date of death 190 4 — Month: 10 — Day: 6 — Age — Years: 31 — Months: 1 — Days: 19

Sex: Female — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Married — Occupation: None

Name of Wife or Husband: Conrad Turner

Father's Name: George Dolson — Father's Birthplace: Baltimore

Mother's Maiden Name: Elizabeth Hillmer — Mother's Birthplace: Germany

Name of person giving information: Elizabeth Traeger — How related to deceased: Mother

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Phthisis Pulmonalis — How long: 3 months

Immediate: Exhaustion — How long: one week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. W. Jones

Address: 3116 O'Donnell st

Accident or Suicide?

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LIBRARY BUREAU A8881C

1st Evangelical Lem.
H. Sander, Hymn

Name in Full: Peter Tracey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Freeland P.O. — County: Baltimore

Date of death 1904 — Month: Octo — Day: 28 — Age — Years: 64 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband: —

Father's Name: James Tracey — Father's Birthplace:

Mother's Maiden Name: Nace — Mother's Birthplace:

Name of person giving Information: Richard Tracy — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Gastritis — How long: Don't Know

Immediate: — How long: Don't Know

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Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~ Undertaker: R. H. Trebert

Address: Freelands Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name In Full

Margaret Jane Trostell

Certificate of Death

Died at Reisterstown (Town) Balt (County) MARYLAND

Date 1894 Month Oct Day 11 | Age Y. 74 M. 8 D. 4 | Native of Pa | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living 0

Husband of Wife Elias S. Trostell

Father's Name Jacob Bosserman | Mother's Name Margaret Mach

Cause of Death — Primary Chronic Nephritis — How long sick 4 yrs

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by A. M. Leader

Address Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79818

Rec information
Mollie Ducker

Relation Niece

Died 8 P.M.

Burns Hill Cemetery
Wauseon

Name in Full: Matilda Turner.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pikesville — County: Baltimore

Date of death: Month 10, Day 3, 1904 — Age: Unknown — Years / Months / Days

Sex: Female — Color or Race: Col'd — Birthplace: Md.

Occupation: Cook — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Daniel Turner.

Father's Name: — — Father's Birthplace

Mother's Maiden Name: — — Mother's Birthplace

Name of person giving Information: Herbert Bowen 79 — How related to deceased: Employer.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility Heart Disease — How long

Immediate: Ex Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Henry A. Naylor

Address: Pikesville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Elias. N. Upperco

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fowblesburg; County: Baltimore

Date of death: 1904; Month: 10; Day: 17

Age: Years: 48.; Months: 3 mos+; Days: 1+

Sex: Male-

Color or Race: White

Birthplace: Fowblesburg-

Occupation: Farmer -

Where Residing if not at place of death: "

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Benjamin S. Upperco.

Father's Birthplace: Fowblesburg

Mother's Maiden Name: Naomi Barnes -

Mother's Birthplace: Sandy Mount

Name of person giving information: Jacob T. Upperco.

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer

How long: 2 years

Immediate: Cancer

How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas H Wilson

Address: Fowblesburg Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66816

Name in Full: Mick, John S.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Melenseville County: Bates

Date of death: Month: Oct Day: 8 Years: 8 Months: 3 Days:

Sex: Male Color or Race: White Birthplace: Penn.

Occupation: Tailor Where Residing if not at place of death: X

Married, Single or Widowed: Married Name of Wife or Husband: X

Father's Name: X Father's Birthplace: X

Mother's Maiden Name: X Mother's Birthplace: X

Name of person giving Information: X How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis How long: 5 yrs.

Immediate: Pulmonary Hemorrhage How long: 3 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Gray Nude.

Address: Melenseville.

Accident or Suicide? No.

PHYSICIAN OR CORONER

LIBRARY BUREAU A88818

Name in Full: Cora C. Wagner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lawson; County: Balto.

Date of death 1904: Month: Oct; Day: 12

Age: Years: 26; Months: 3; Days: 10

Sex: Female; Color or Race: White; Birthplace: Balto. Co

Married, Single or Widowed: Married; Occupation: None

Name of Husband: Adolph Wagner

Father's Name: Chas. E. Cross; Father's Birthplace: Balto.

Mother's Maiden Name: 27; Mother's Birthplace:

Name of person giving information: Elizabeth Cross; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of Lungs; How long: 6 mos

Immediate: Exhaustion; How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm R. Dunton, Jr.

Address: Lawson, Md.

Accident or Suicide? No

LIBRARY BUREAU A38516

Robert Brooks Son

Lauderdale Park

Name in Full Catherine Waters — Certificate of Death

Died at Town Highland County Balto MARYLAND

Date 1904 Month 10 Day 14 Age Y. 44 M. — D. — Native of md Occupation Housewife

Male / Female ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — Widow / Widower — Divorced — Number of children living

Husband of

Wife

Father's Name

Mother's Name

13

Cause of Death — Primary: Ovarian Tumor — How long sick

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by A. L. Warner

Address 1120 Highland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU CE262

Name in Full: Isabella Water

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Randallstown — County: Balto

Date of death: Month: Oct — Day: 4th — 1904

Age: Years: 60 — Months: 1 — Days:

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: Home mak — Where Residing if not at place of death: Randallstown

Married, Single or Widowed: married — Name of Wife or Husband: Geo Water

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: Hannah Jenkins — Mother's Birthplace: Md

Name of person giving In formation: George Water — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 4 month

Immediate: Pulmonary Hemorrhage — How long: 5 minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. C. Smith

Address: Woodlawn Sta

Accident or Suicide? —

LIBRARY BUREAU A88016

Name in Full: Isaiah Wade Watkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Baldwin — County: Balto

Date of death 1904 — Month: Oct. — Day: 16 — Age: 73 — Months: 1 — Days: 16

Sex: Male — Color or Race: white — Birthplace: Balto Co Md.

Occupation: Farmer — Where Residing if not at place of death: ✓

Married, Single or Widowed: Married — Name of Wife or Husband: Eliza M Watkins

Father's Name: John Watkins — Father's Birthplace: Md.

Mother's Maiden Name: Minerva Hall — Mother's Birthplace: Md.

Name of person giving information: Chas. Watkins — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease & Dropsy — How long: One Year

Immediate " " " " — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. F. D. Gosnell

Address: Fork Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: George Wentz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto

Date of death: Month: Oct; Day: 19; Year: 1904

Age: 68 Months: 7 Days: 13

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: Physician & Clerk

Where Residing if not at place of death:

Married, Single or ~~Widowed~~: Married

Name of Wife or Husband: Elizabeth Jane Wentz

Father's Name: Samuel H Wentz

Father's Birthplace: York Co Pa

Mother's Maiden Name: Mary Ann Buxler

Mother's Birthplace: Baltimore

Name of person giving information: E J Wentz

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Stomach — How long: 2 yrs

Immediate: Exhaustion — How long: 7 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J R B Mayfield

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A66816

Pauline + Mc Comsak.

London Psych.
Cemetery. Bells Rd

Friday Morning 10:30 a.m.

Name in Full: Amanda Sharry

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Winans; ~~County~~: Baltimore

Date of death 1904: Month: Oct.; Day: 24

Age: Years: 74; Months: 5; Days: 18

Sex: Female

Color or ~~Race~~: White

Birthplace: Md

Occupation: none

Where Residing if not at place of death:

~~Married, Single~~ or Widowed

Name of ~~Wife or~~ Husband: Thomas L Sharry

Father's Name: Gitting Brown

Father's Birthplace: Pa

Mother's Maiden Name: Ann Rebecca Sanks

Mother's Birthplace: Md

Name of person giving In formation: Frank Sharry

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis

How long:

Immediate: "

How long: 9 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Edward H Condon

Address: 1403 W Fayette St Balto.

Accident or Suicide?

LIBRARY BUREAU A8U518

Mt Olivet Cemetery
Jas B. Cook

Name in Full: William White

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hamilton — County: Balto

Date of death 1904 — Month: 10 — Day: 3 — Age — Years: 72 — Months: 2 — Days:

Sex: Male — Color or Race: White — Birthplace: Ireland

Married, ~~Single or Widowed~~ — Occupation: Farmer

Name of Wife or ~~Husband~~: Mary A Barber, White

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Mary A White — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Morbus — How long: 3 hrs.

Immediate: Congestion of the Kidney Uremic intoxication — How long: 7 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Geary A Long M. D.

Address: Hamilton, Md.

Accident or Suicide?

LIBRARY BUREAU

Hiss Cemetery

Name in Full

Certificate of Death

Elizabeth McCandlish Nevins Whiteley

Died at Town Catonsville County Baltimore MARYLAND

Date 1897 Month 10 Day 23 | Age Y. 80 M. 2 D. 9 | Native of Virginia | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Henry B. Whiteley

Father's Name Robert McC. Nevins Mother's Name Ann Randolph Taylor

Cause of Death: Primary Apoplexy

Immediate

How long sick 15 days.

~~Accident, Suicide, Homicide~~

Reported by E. Whiteley

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: George Williams Col

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balto Co

Date of death 190 4 Month: OCT Day: 17

Age: Years: 28 Months: — Days: —

Sex: Male

Color or Race: Col

Birthplace: Va

Married, Single or Widowed: Single

Occupation: Stevedore

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Geo. A. Vogel

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Falling into the Hatch

How long: —

Immediate: Broken Neck

How long: —

Are the name, age, sex, color, date and place correctly given above? —

Signature of ~~Physician~~ Coroner John M. Mueller

Address: 216 O Donnell St

Accident ~~or Suicide~~?

PHYSICIAN OR CORONER

LIBRARY BUREAU A58516

Wm J. G. Jackson

Sharp St Cemetery

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alley

Hudson & Eon ave

1st ave & 8th St

Name in Full: Warren Earl Williams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fork — County: Balto

Date of death 1904 — Month: Oct. — Day: 20 — Age — Years: ✓ — Months: 1 — Days: 11

Sex: male — Color or Race: white — Birthplace: Md

Occupation: ✓ — Where Residing if not at place of death: ✓

Married, Single or Widowed: ✓ — Name of Wife or Husband: ✓

Father's Name: Geo. Williams — Father's Birthplace: Md

Mother's Maiden Name: Ella Mayfield — Mother's Birthplace: Md

Name of person giving Imformation: Ella Williams — How related to deceased: Mother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Anemia — How long: one months

Immediate: ✓ — How long: ✓

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. F. W. Grauch

Address: Fork Md

Accident or Suicide?

LIBRARY BUREAU A88015

Name in Full: Willie Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Balto.

Date of death: Month: Oct. Day: 27 Year: 1904 Age: Years: 22 Months: — Days: —

Sex: Male Color or Race: (Col) Birthplace: Md.

Occupation: Hostler Where Residing if not at place of death: Towson

Married, Single or Widow: Name of Wife or Husband:

Father's Name: Alex Williams Father's Birthplace: Md.

Mother's Maiden Name: Ellen Adams Mother's Birthplace: Md

Name of person giving information: Alex Williams How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis How long: 1 yr

Immediate: Cardiac Asthenia How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. Guyton Penn M.D.

Address: Towson Md.

Accident or Suicide?

LIBRARY BUREAU A88816

G. H. Hoffer

United Brethren

Cemetery

Name in Full: Henry C. Wittstadt

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Baltimore

Date of death 1904 — Month: Oct. — Day: 3 — Years: Age 5 — Months: 6 — Days: —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: John Wittstadt — Father's Birthplace: Md.

Mother's Maiden Name: Attie Behr — Mother's Birthplace: "

Name of person giving information: John Wittstadt — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diphtheria — How long: 7 days

Immediate: Heart Failure — How long: 1/2

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. A. Schwerdt M. D.

Address: 612 Canton St.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88016

Sacred Heart Cemetery

Oct. 4th 1904

Germanus Hanse

Undertaker

Name in Full: Frank R Wood

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point — County: Baltimore

Date of death: Month: Oct. — Day: 17 — 1904

Age: Years: 33 — Months: 10 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Dennis, Mass.

Occupation: Electrician — Where Residing if not at place of death: 505 B St.

Married, Single or Widowed — Name of Wife or Husband: Julia Woodworth

Father's Name: Geo. N. Wood — Father's Birthplace: Mass

Mother's Maiden Name: Alice S. Moore — Mother's Birthplace: Maine

Name of person giving information: Miss Nellie Wood — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis — How long: 42 months

Immediate: Uraemic Poisoning — How long: 30 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. H. Ehlert

Address: Sparrows Point

Accident or Suicide?

LIBRARY BUREAU A88816

Lawers Moss

Name in Full: Mrs Elizabeth Moore

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monkton; County: Balto

Date of death 190 4: Month: 10; Day: 3

Age: Years: 77; Months: 9; Days: 11

Sex: Female; Color or Race: White; Birthplace: New Castle Del

Occupation: Housekeeper; Where Residing if not at place of death: Monkton

Married, Single or Widowed; Name of Wife or Husband: Samuel Hoope

Father's Name: John H. Culture; Father's Birthplace: Ireland

Mother's Maiden Name: Elizabeth Blackston; Mother's Birthplace: Del

Name of person giving Information: Amanda E. Orrick; How related to deceased: Dau

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis; How long: 3 days

Immediate: Heart Failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. Bufine

Address: Corbett Md

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: Conrad Zink

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chestnut Ridge; County: Balto.

Date of death: Month: Oct; Day: 24; 1904; Age: Years: 48; Months: 9; Days:

Sex: Male. Color or Race: White. Birthplace: Balto. Co.

Occupation: Farmer. Where Residing if not at place of death: Chestnut Ridge

Married, Single or Widowed: Married. Name of Wife or Husband: Louise A. Zink

Father's Name: Walther Zink. Father Birthplace: Germany

Mother's Maiden Name: Elzebeth Sinsefeldt. Mother's Birthplace: Germany

Name of person giving information: Louise A. Zink. How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long

Immediate: Typhoid fever. How long: about 2 mos.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Thos. C. Bussey

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU A8851¢

John Burns Sons

Salvis Baptist

cem.

Name in Full

Certificate of Death

Mrs May Francis Birch

Died at Town: Cockeysville County: Balto MARYLAND

Date 1904 Month: Oct Day: 25 | Age Y.: 33 M.: 1 D.: 12 | Native of: md | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living none

~~Wife~~ Husband of George Birch

Father's Name: John McC[illegible] Mother's Maiden Name: Lottie Clark

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: 18 months

Immediate: Pulmonary Tuberculosis — ~~Accident, Suicide, Homicide~~

Reported by: Dr. W.R. Benson

Address: Cockeysville Balto. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Sr. Tennant Sherwood

Cemetery Oct 27

No. 6 Roads

Name in Full: Unknown A Lute Man

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Parkton — County: Baltimore

Date of death: Month: 10. Day: 6. 1904

Age: Years: About 55. Months: — Days: —

Sex: Male

Color or Race: A Lute

Birthplace:

Occupation: Home

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: E. W. Keyser M.D.

How related to deceased: Physician

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy

How long: Four days

Immediate: "

How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: E. W. Keyser M.D.

Address: Parkton, Md.

Accident or Suicide?

R. R. Morris M.D. Parkton Md.

LIBRARY BUREAU A88618